INDEX OF CLAIMS

..... Rejected

..... Allowed

(Through numeral)... Canceled

...... Restricted

Claim

Original

ST AVAILABLE

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Date

POSITION

FEE DETERMINATION

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

Date

ID NO.

..... Non-elected

Claim

Final

..... Objected

DATE

11/29/00

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If more than 150 claims or 10 actions staple additional sheet here